STATEMENT OF DESIGNATION OF COUNSEL

MUR_4999
NAME OF COUNSEL: WILLIAM OLDAKER
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The above-named individual is hereby designated as my counseless is authorized to receive any notifications and other communication from the Commission and to act on my behalf before the Commission.
Date Signature
RESPONDENT'S NAME: MICHAEL W. KERN TREASURER
ADDRESS:
TELEPHONE: HOME
OHONEDO(a.a.) and an a